

Record of Work Seeking Activities

List the places you have looked for work below. You must make at least (4) four contacts per week.
This work search information is subject to audit.

Name: _____ SS No: _____

Date of Contact	Employer Contacted and Address	Type of Work Sought (Be Specific)	Person Contacted And Phone Number	Type of Contact (ex. telephone, in-person, resume, want ads, family)	Results (ex. interview, application taken)

NOTE: PLEASE RETURN THIS FORM TO:
SC DEPARTMENT OF EMPLOYMENT AND WORKFORCE
ATTN: INTERSTATE UNIT
PO BOX 1477
COLUMBIA, SOUTH CAROLINA 29202
FAX NUMBER 803-737-0539
FAILURE TO PROVIDE THIS FORM MAY RESULT IN A DENIAL OF BENEFITS.

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